 <p>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</p>	Application Number	10/706,275
	Filing Date	11/13/2003
	First Named Inventor	LOWELL, George H.
	Title	Vaccine
	Art Unit	1642
	Examiner Name	
	Attorney Docket Number	021989000710

I hereby appoint:

☒ Practitioners associated with the Customer Number

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

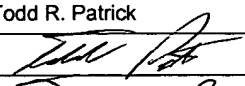
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OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

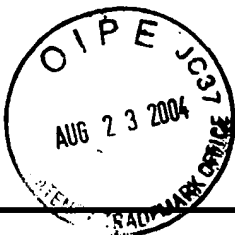
I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Todd R. Patrick			
Signature				
Date	June 18, 2004		Telephone	425 482-2601

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: George H. Lowell, et al.Application No./Patent No.: 10/706,275Filed/Issue Date: November 13, 2003Entitled: VaccineID Biomedical Corporation of Quebeca Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is 50%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

June 18, 2004
Date

425-482-2601

Telephone number

Todd R. Patrick

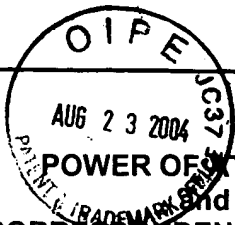
Typed or printed name

[Signature]

Signature

President

Title

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/706,275
Filing Date	11/13/2003
First Named Inventor	George H. Lowell
Title	Vaccine
Art Unit	1642
Examiner Name	
Attorney Docket Number	021989000710US

I hereby appoint:

☒ Practitioners associated with the Customer Number**20350****OR**☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:**OR**☐ The address associated with Customer Number:**OR**☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	THE COUNCIL OF THE QUEENSLAND INSTITUTE OF MEDICAL		
Signature	Michael Staley (MICHAEL STALEY, COO) RESEARCH		
Date	16/06/04	Telephone	07 3362 0209

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.



PTO/SB/35 (08-03)

Attorney Docket No. 021989.000710US

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: George H. Lowell, et al.Application No./Patent No.: 10/706,275Filed/Issue Date: November 13, 2003Entitled: VaccineThe Council of the Queensland Institute of Medical Research, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is 50.0%

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
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2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

19 AUGUST 2004
Date
(61-7) 3362 0260
Telephone number

Michael Staley
Typed or printed name
Michael Staley
Signature
000
Title